



EPIDEMIOLOGICAL QUESTIONNAIRE FOR CLIENTS

Dear client,

The following questions are used in the early detection of respiratory infections, especially those caused by SARS CoV-2. For this purpose, please fill in this epidemiological questionnaire following your knowledge and in good conscience.

A. GDPR - General Data Protection Regulation in EU

I consent to share my COVID-19 test result with the person/entity that ordered the testing:

TEST ORDERD BY: **INSTITUT VIRION** YES NO

I am aware that, in the case of a positive COVID-19 finding, Institute Virion is legally obligated to forward personal data to the local healthcare authority. YES NO

I am aware that my data will be stored in the laboratory information system of the Institut Virion protected and maintained according to national and EU regulations. As well, I am aware that I can request its removal from the data basis.

YES NO

B. SYMPTOMS AND SIGNS

- Do you currently have a cold (runny nose, sore throat)? YES NO
- Do you cough or have other respiratory problems? YES NO
- Do you stay out of breath? YES NO
- Do you have a fever? YES NO
- Do you feel weak? YES NO
- Do you have a decrease or loss of taste and smell? YES NO

PAST INFECTION

Have you had COVID-19?

YES NO

If YES, when? **month & year**..:

C. RISK AND CONTACT

- Have you had contact with a person who has been proven to have an infection in the last 14 days with SARS-CoV-2? YES NO

ARE YOU VACCINATED AGAINST COVID-19?

NO

1st SHOT ONLY

YES - fully

SAMPLING DATE: ____/____/____; **TIME:** ____:____h

TEST CERTIFICATE IN: English German Italian LANGUAGE.



PLEASE FILL IN **CAPITAL LETTERS**:

FIRST AND LAST NAME	SEX:		write zero as 0
	m	f	
DATE OF BIRTH	ID OR TRAVEL DOC. NUMBER	Passport <input type="checkbox"/> Identification card <input type="checkbox"/>	
ADDRESS	CITY OF RESIDENCE		
PHONE CONTACT +	COUNTRY OF RESIDENCE		
READABLE!!! E-MAIL CONTACT	TRY TO WRITE the e-mail address IN <u>CAPITAL LETTERS</u> write zero as 0 write <u>underscore</u> as _		

Standard PCR PCR results in 3h ANTIGEN TEST ANTIBODY TEST: ____

Place: _____; Date: ____/____/____; Signature: _____